

Employee Security Affidavit

WIC Web Information System Exchange (WIC WISE)

I have read the WIC Policy and Procedure Manual (WPPM) 140-20 Employee Security Affidavit (ESA) and User Identification (Logon ID) and I will comply with the security requirements as stated. In addition:

1. I understand that each time I enter my Logon ID and password on a WIC WISE terminal, I am responsible for all information entered (i.e. documentation of nutritional risks, food package prescription, and/or nutrition education provided) for the entire period I am logged on, and that my Logon ID serves as my personal signature on all activity conducted while in WIC WISE.
2. I will exercise all security requirements specified in WPPM 140-20 to preserve data integrity and confidentiality.
3. I am aware that my WIC WISE Logon ID and password are confidential data and I will treat them as such.
4. I will not share my Logon ID or password with any other individual, including applicants, participants, and other WIC staff.
5. I will take all precautions and efforts necessary to protect the visual observation of my Logon ID and password.
6. I will log on to only one terminal at a time with a valid WIC WISE Logon ID.
7. I will complete a new ESA annually (once each calendar year).
8. I understand that appropriate disciplinary action (as determined by CDPH/WIC or local agency) may be taken against me if I do not comply with the security requirements of WPPM 140-20.

User/employee name (print full name): _____ Title: _____

User/employee signature: _____ Date: _____

Supervisor name (print full name): _____ Title: _____

Supervisor signature: _____ Date: _____

Local agency name: _____ Agency #: _____

Local agency (physical) address: _____

City: _____ Zip: _____
